



THE TULALIP TRIBES

TULALIP LIQUOR REGULATIONS BEER/WINE APPLICATION

A. This is a:

_____ New Account
_____ Reopen
_____ Additional
_____ Location

_____ Merger
_____ Reorganization
_____ Change in Ownership
_____ Other (Identify)

Federal Identification
NO.: _____

Opening Date on Res.: _____

B. Type of Organization:

_____ Sole Proprietorship
_____ Partnership
_____ Other (specify)

_____ Corporation

C. Name of Proprietor, Partnership, or Corporation:
(Last Name First)

Business Name

Social Security Number

Mailing Address (street or Route No.) City

ST. Zip Code Telephone #

Business Location (street or Route No.) City

ST. Zip Code Telephone #

Operated By
_____ Husband & Wife

Name of Spouse

Social Security No.

Name of Partner or
Corporate Officer

Title

Residence Address

Telephone Number

Social Security Number

Name of Partner or
Corporate Officer

Title

Residence Address

Telephone Number

Social Security Number

Name of Partner or
Corporate Officer

Title

Residence Address

Telephone Number

Social Security Number

D. Liquor Licenses:

Name of Proprietor, Partnership, or Corporation (Last Name First)

Furnish to your enforcement officer drawings or sketches, in duplicate, of the floor plans of the premises to be licensed, drawn one-fourth inch to one-foot scale. This should show doors, windows, interior walls, restrooms, stairways, dance floors, and arrangement of furnishings. If the building or business presently exists, include snapshots of the interior and exterior of the facility to be licensed.

1. Premises located: ____ inside the reservation boundaries ____ (Zip Code)
____ outside the reservation boundaries ____ (Zip Code)
2. Owner of building: _____
Name Address
3. Landlord: _____
Name Address
4. Lease: Date _____ Expires _____ Rental _____
5. Owner of furniture,
fixtures or equipment: _____
Name Address
6. Owner of all coin-
operated machines: _____
Name Address
7. Have you any interest, financial or otherwise, in any manufacturer or wholesaler of liquor?
_____. If married, is either spouse employed by any manufacturer or wholesaler of
liquor? _____. Has any manufacturer or wholesaler of liquor any interest on you
business? _____.
8. Holder of contract or encumbrance on furniture, fixtures, or equipment:

Name Address Amount
9. Is any person other than the applicant to share in the profits or losses of you business? _____

Name Address
10. Has any person, other than those named in the foregoing answers, any financial interest in your
business? _____

Name Address
11. Has any person, firm or organization loaned or advanced money or property for the acquisition or
operation of you business? _____

(Attach Additional Statement if Necessary)

12. (a) What is your principal business at these premises? _____
- What other business, if any, is conducted on these premises: _____
- By whom: _____
- (b) What other business, if any do you conduct elsewhere? _____
13. What percent of your business is derived from the sale of liquor? _____ %
14. Give numbers on you federal, state or tribal wholesale and/or retail permits: _____
15. Has applicant been previously licensed by the Tulalip Liquor Commission? _____
- Give latest year and location: _____
- Has license ever been denied? _____ Suspended? _____ Canceled? _____
16. Has this location been previously licensed? _____
17. What is your approximate business investment? _____
18. If applicant is an individual, answer the following questions (if married, answer each question for both husband and wife):
- (a) Date of Birth: _____
- Husband
- Wife
- Soc. Sec. No. _____
- Husband
- Wife
- (b) Member of the Tulalip Tribes? If no, give affiliation.
- _____
- Husband
- Wife
- (c) Have you resided on the Tulalip reservation for at least one-year prior to filing application?
- _____
- (d) Give occupation for at least three years: _____
- (e) Have you ever been arrested, pleaded guilty, or forfeited bond or been convicted of any crime whatsoever (Tribal ordinances, Federal or State laws, including any traffic violations involving intoxicating liquor)? If so, state nature of charge, date in what court and please pleaded guilty, forfeited or convicted, and penalty:
- Husband _____
- Wife _____

19. If applicant is a partnership, answer the following questions: (if any partner is married, answer each question for both husband and wife).

	<u>Name</u>	<u>Date of Birth</u>	<u>Soc.Sec. Number</u>
(a) Who are the Partners:			
Husband	_____	_____	_____
Wife	_____	_____	_____
Husband	_____	_____	_____
Wife	_____	_____	_____
Husband	_____	_____	_____
Wife	_____	_____	_____

- (b) When was partnership business started: _____
- (c) Are all partners and spouses members of the Tulalip Tribes of WA.? _____
- (d) Are all partners and spouses resided in this state at least one month prior to filing this application? If not, state particulars: _____
- _____
- (e) Has any partner or spouse been arrested, pleaded guilty, forfeited bond or been convicted or any crime whatsoever (Tribal ordinances, Federal or State laws, including any traffic violations involving intoxicating liquor)? _____. If so, state nature of charge, date, in what court and place pleaded guilty, forfeited or convicted, and penalty: _____
- _____
- (Attach additional statement, if necessary, to describe in detail)

20. If applicant is a corporation, answer the following, and questions below relating to manage (NOTE: Corporation must be registered with the Secretary of State's Office in Olympia and/or the Tulalip Tribes of Washington:

(a) When were you incorporated: _____ Where: _____

(b) Officers:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) Are all officers and directors members of the Tulalip Tribes of Washington? _____
If not, indicate which ones and state their citizenship and tribal affiliate: _____

(d) Has any officer been arrested, pleaded guilty, forfeited bond or been convicted of any crime whatsoever (Tribal ordinances, Federal or State laws, including any traffic violations involving intoxicating liquor)? _____. If so, state nature of charge, date, in what court and place pleaded guilty, forfeited or convicted, and penalty: _____

(Attach Additional Statements, if necessary, to describe in detail)

21. If business is to be conducted by a manager, answer the following questions:

(a) Name of Manager: _____ Date of Birth: _____

(b) Citizen of the United States? _____ If not, give citizenship: _____
Member of the Tulalip Tribes: _____ If not, give tribal affiliation: _____

(c) Has he resided in this state at least one month prior to filing this application? _____

(d) Has he been arrested, pleaded guilty, forfeited bond or been convicted of any crime whatsoever (Tribal ordinances, Federal or State laws, including any traffic violations involving intoxicating liquor)? _____. If so, state nature of charge, date, in what court and place pleaded guilty, forfeited or convicted, and penalty: _____

(Attach Additional Statements, if necessary, to describe in detail)

I, _____, declare, under the penalties of perjury and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or the duly authorized representative of the firm or corporation making this application and that the answers contained in said application, including any accompanying information, have been examined by me and that the matters and things set forth therein are true, correct and complete.

Applicant - Partner - President - Secretary

Date